

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16	1						66						
17		1					67						
18							68						
19		3					69						
20	1						70						
21	1						71						
22		1					72						
23	1						73						
24	1						74						
25	1						75						
26	1						76						
27	1						77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	6						TOTAL DEP.						
TOTAL CLAIMS	13						TOTAL CLAIMS						

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER D IN ALLOCATION		AFTER IN ALLOCATION	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	1					
17		1	1			
18		3		2		
19						
20	1		1			
21	1		1			
22		1		1		
23	1					
24						
25	1		1			
26	1		1			
27	1		1			
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.	10		10			
TOTAL OFF.	18		26			
TOTAL	28		36			

	D		D		D	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86	1		1			
87		1		1		
88		1		1		
89		1		1		
90		1		1		
91	1		1			
92		1		1		
93		1		1		
94		1		1		
95	1		1			
96		1		1		
97		1		1		
98						
99						
100						
TOTAL NO.						
TOTAL OFF.						
TOTAL						